

CLAIMS

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I claim:

1. An intestinal intubator with drain and irrigator, comprising:

- 5 □ a drain enclosed in invaginator,
- an intractor of invaginator with drain, which is a flexible tube,
- a feeder of intractor,
- a reel with a branch pipe,
- an anal-sigmoid tubus,

wherein the improvement comprises a hose with punctures, enclosed into the drain.

- 10 2. The device according to claim 1, wherein the proximal ends of drain and invaginator are connected with the distal end of intractor.
3. The device according to claim 2, further comprising a feeder of invaginator with drain and intractor, placed in the branch pipe and which is a cylinder with a carriage composed of a hollow piston and a tube which are interconnected by a cuff for the invaginator with drain and intractor and a distancer, while said tube has a compaction fastened in the cylinder.
- 15 4. The device according to claim 3, wherein the invaginator with drain and the intractor have a similar diameters and are placed on the reel in one row.
5. The device according to claim 3, further comprising a spiral-knitted drain with a resilience ensuring its intraction.
- 20 6. The device according to claim 3, wherein the drain comprises a hose without punctures.
7. The device according to claim 3, wherein the invaginator repeats the form of drain.
8. The device according to claim 2, wherein the anal-sigmoid tubus is made of two sleeves, joined by a flexible tube.
- 25 9. The device according to claim 8, further comprising a removable anal collector of said invaginator, drain and hose, which connects the anal sleeve with the branch-pipe.
10. The device according to claim 1, further comprising a hose with punctures placed inside the invaginator alongside the drain.
- 30 11. A method of two-forced intestinal intubation, comprising a feeding of excess fluid pressure into the everted part of invaginator, wherein the improvement comprises a change of the negative and the excess fluid pressure in the cavity of a feeder's cuff.
12. An influx-and-extract method of evacuation of intestinal contents, comprising a feeding of negative pressure into the drain, wherein the improvement comprises a change of feeding of fluid pressure into the hose with punctures and connecting of external ends of said hose and of intractor to the negative pressure.